



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

BOB ODOM, COMMISSIONER

OFFICE OF ANIMAL HEALTH SERVICES

PO BOX 1951, BATON ROUGE, LA 70821-1951

225-925-3980 OR 888-773-6489 FAX: 225-237-5555 PremisesID@ldaf.state.la.us

Business/Farm Account Information: SAMPLE COPY

Business/Farm Name: John Doe Cattle Company

Primary Contact: John A Doe
First Name Middle name Last name

Secondary Contact*: Mary B Doe
(* optional) First Name Middle name Last name

Business/Farm mailing Address: 123 Identification Road

City: Town State: WI Zip: 12345 County: XYZ

Phone number: 123-456-7890 (X Business)

Phone number: 098-765-4321 (X Cell)

Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Business Type*: X Individual ☐ Partnership ☐ Incorporated ☐ Limited Liability Corporation
(* check one) ☐ Limited Liability Partnership ☐ Non-profit Organization

Operation Type*: X Producer Unit/Farm ☐ Clinic ☐ Exhibition ☐ Laboratory ☐ Market/collection point
(* check all) ☐ Non-producer Participant ☐ Port of Entry ☐ Quarantine Facility ☐ Rendering
☐ Slaughter plant ☐ Tagging site

Business Account Login information:

User Name: JohnDoeCC (minimum of 8 characters)

Password: JDCCisgreat (minimum of 8 characters)

E-mail address*: john.doe@email.com
(*for confirmation purposes only)

Producer/Contact Signature*: John Doe

(Contact information will not be sold or given out by National Animal Identification System (NAIS) without your prior written consent)

* COMPLETE PREMISES INFORMATION ON BACK PAGE

Premises Information:

(Primary location where livestock resides, if more than one location and animals are managed separately, apply for multiple premises ID's)

Premises name/description: **Home Farm** (example "home place", "heifer place")

Premises Address: Check if same as business account address **X**

OR (if not the same as business address)

Premises Address: _____

City: _____ State: _____ Zip: _____ - _____ Parish: _____

Premises Type*: **X** Producer Unit/Farm ☐ Clinic ☐ Exhibition ☐ Laboratory ☐ Market/collection point
(* check all) ☐ Non-producer Participant ☐ Port of Entry ☐ Quarantine Facility ☐ Rendering
☐ Slaughter plant ☐ Tagging site

Species at Premises*: **X** Cattle and Bison ☐ Swine **X** Sheep ☐ Goats **X** Horses ☐ Poultry
(* check all) ☐ Deer and Elk ☐ Camelids ☐ Emu

Legal Land Description*: _____
(* required if no address) Township Range Section

GEO Coordinates*: Latitude: _____ Longitude: - _____
(* Optional)

Additional Secondary Premises Information (optional):

Premises name/description: _____

Premises Address: _____

City: _____ State: _____ Zip: _____ - _____ Parish: _____

Premises Type*: ☐ Producer Unit/Farm ☐ Clinic ☐ Exhibition ☐ Laboratory ☐ Market/collection point
(* check all) ☐ Non-producer Participant ☐ Port of Entry ☐ Quarantine Facility ☐ Rendering
☐ Slaughter plant ☐ Tagging site

Species at Premises*: ☐ Cattle and Bison ☐ Swine ☐ Sheep ☐ Goats ☐ Horses ☐ Poultry
(* check all) ☐ Deer and Elk ☐ Llama ☐ Emu

Legal Land Description*: _____
(* required if no address) Township Range Section

GEO Coordinates*: Latitude: _____ Longitude: - _____
(* Optional)

Return forms to: Louisiana Department of Agriculture & Forestry, Office of Animal Health Services, Premises Registration,
PO Box 1951, Baton Rouge, LA 70821-1951

For questions, contact our Premises Support Line during office hours: Phone: 888-773-6489, 225-925-3980

You may also fax us the form at: 225-237-5555

Email us at: PremisesID@ldaf.state.la.us

If you have more than two premises (animal locations), please print additional sheets.